

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INFORMATION FOR COMPLETING ATHLETE AGENT APPLICATION**

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Initial Applicants:

1. **Application for Athlete Agent Registration (Form #2668)**
2. **Initial Credential Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

Reciprocal Applicants: (applicants with a current Athlete Agent license or registration in another state)

Applicants can apply by reciprocity if the following requirements are met:

- The application to the other state was submitted in the other state within six (6) months prior to the submission of the Wisconsin application and the applicant certifies the information contained in the application to the other state is current.
- The application to the other state contains information substantially similar to or more comprehensive than the Wisconsin application (**Form #2668**).
- The application to the other state was signed by the applicant under the penalty of perjury.

If the above requirements are met, a reciprocal applicant must submit all of the following:

1. **Application** – Submit a copy of the application form from the state you are currently registered or licensed.
2. **Reciprocal Credential Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Registration/License Certificate** – Submit a copy of the certificate of licensure or registration from the state you are currently registered or licensed.
4. **Verification of Registration (Form #2669)** - Completed by each state in which you have been issued an Athlete Agent registration. Form letters from other jurisdictions are acceptable. Verifications must be returned directly to DSPS.

Note: The Wisconsin Department of Safety and Professional Services only licenses individuals for this profession. Each person acting as an athlete agent in Wisconsin must be registered in this state. Listing a business entry on the application and providing the officers, partners and/or members on page 4 does not license the business nor does it entitle any of the individuals listed on page 4 to act as an athlete agent. Only the person applying for licensure can act as an athlete agent in Wisconsin when licensed.

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APPLICATION FOR ATHLETE AGENT REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>	
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.				
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
Have you ever been licensed in Wisconsin as an Athlete Agent?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, list your credential number: <input type="text"/>	
Email Address <input type="text"/>				
APPLICANT'S BUSINESS OR EMPLOYER (if you work alone, list your own name and address)				
Name of Principal Place of Business <input type="text"/>			Business Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Address of Principal Place of Business (street, city, state, zip) <input type="text"/>			Business FEIN <input type="text"/> - <input type="text"/>	
<input type="checkbox"/> I am an employee. Title: <input type="text"/>				
Business Structure: (check one and submit page 4)				
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other <input type="text"/>				

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)
- ☐ Initial Credential Fee
\$ 38.00 Total Fee Attached
- ☐ Reciprocal Credential Fee
\$ 38.00 Total Fee Attached

For Receipting Use Only (97)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

EMPLOYMENT HISTORY: Provide for the five (5) years preceding the date of this application. (Attach additional sheets, if necessary.)

Employer	Location of Employment (City/State)	Dates Employed (Month/Year)	Position Title and Description of Duties
<input type="text"/>	(City) <input type="text"/> (State) <input type="text"/>	(From) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (To) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	(City) <input type="text"/> (State) <input type="text"/>	(From) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (To) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	(City) <input type="text"/> (State) <input type="text"/>	(From) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (To) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>

FORMAL TRAINING: Do you have formal training as an athlete agent? ☐ Yes ☐ No **If yes, complete the following information:**

Name of training facility

Location

From: / /

To: / /

Provide a description of the formal training:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Wisconsin Department of Safety and Professional Services

PRACTICAL EXPERIENCE: Do you have practical experience as an athlete agent? ☐ Yes ☐ No **If yes, complete the following information:**

Name of business where practical experience was obtained

Location

From:

To:

Provide a description of the practical experience:

EDUCATION: Do you have education related to activities as an athlete agent?

☐ Yes ☐ No **If yes, complete the following information:**

Name of educational facility

Location

From:

To:

Provide a description of the educational background:

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you or any of the persons listed on page 4 ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you or any of the persons listed on page 4, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you or any of the persons listed on page 4 in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you or any of the persons listed on page 4 ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you or any of the persons listed on page 4 have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you or any of the persons listed on page 4 incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you or any of the persons listed on page 4 registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): 	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you or any of the persons listed on page 4 ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

An applicant for registration must provide the following information: (attach additional sheet(s) if necessary)

- **Individual Proprietor:** Name and address of the owner
- **Partnership:** Name and address of all general partners and limited partners
- **Corporation, LLC, Trust, Other:** Name and address of all elected officers, directors, governors, members, shareholders owning 5% or more of company stock, and any managers/associates/employees with authority to exercise control in policy or management of the company

If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/ officers/shareholders of the business entity as well.

Name of Company

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip)

Title (check all that apply)

<input type="checkbox"/> 100% Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Elected Officer - Title:	<input type="text"/>
<input type="checkbox"/> General Partner	<input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder - Percentage of Ownership:	<input type="text"/> %
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Manager/Associate/Employee with controlling authority		

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip)

Title (check all that apply)

<input type="checkbox"/> 100% Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Elected Officer - Title:	<input type="text"/>
<input type="checkbox"/> General Partner	<input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder - Percentage of Ownership:	<input type="text"/> %
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Manager/Associate/Employee with controlling authority		

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip)

Title (check all that apply)

<input type="checkbox"/> 100% Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Elected Officer - Title:	<input type="text"/>
<input type="checkbox"/> General Partner	<input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder - Percentage of Ownership:	<input type="text"/> %
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Manager/Associate/Employee with controlling authority		

Signature of Applicant:

Date:

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CREDENTIALS: Have you acted as an athlete agent during the five (5) years prior to this application? ☐ Yes ☐ No

If yes, provide the name, sport and last known team for each individual for whom you acted as an athlete agent during the five (5) years prior to submitting this application. (attach additional sheet(s) if necessary)

[illegible]

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. § 1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date: / /